



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1278

DATE: September 6, 2013

TO: Iowa Medicaid Hospitals Providing Swing Bed Care

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

SUBJECT: **Additional Update** to Prior Authorization Required for Swing Bed Admission and Continued Stay

EFFECTIVE: Immediately

Informational Letter No. [1245](#) originally communicated the requirement of prior authorization (PA) of all swing bed admissions and continued stays effective for dates of service on or after July 1, 2013. On July 30, 2013, additional updates were announced in Informational Letter No. [1269](#).

While the swing-bed PA requirement remains in effect, Informational Letter 1269 announced that the swing-bed prior authorization will not be needed for any swing-bed admissions/stays of 14 days or less. One additional important change has since been made to the administrative rules governing this new requirement (i.e., 441 Iowa Administrative Code 78.3(16)).

That change which is being communicated through this Informational Letter (1278) is that “appropriate home-based care” has now been added as an alternative to placing Medicaid members in a free-standing skilled nursing facility, within 30 miles of the swing-bed hospital.

Beyond this additional change, all other policy changes, as communicated originally in Informational Letter 1245 and subsequently through Informational Letter 1269 otherwise still apply.

In addition to the “home care option” being added to the rules, this Informational Letter also addresses another important clarification, based on a recent provider inquiry related to how Iowa Medicaid members with Medicare primary (i.e., “dual-eligibles”) would need to be treated, relative to the swing-bed PA requirement. This clarification is as follows:

The swing-bed PA applies to individuals with only Iowa Medicaid coverage. However, to the extent that a dual eligible member (i.e., Medicare primary) would: 1) exhaust their 100 day Medicare skilled care benefit, or 2) only qualify for some portion of the 100 day Medicare benefit, based on no longer having any rehabilitative gains, then Medicaid would become primary. As such, authorization by the IME would be needed for any continued swing-bed admission greater than 14 days. In situations such as

this, the IME recommends that swing-bed providers begin the swing-bed authorization process for a dual-eligible member the same as they would for a member with Medicaid only. This will assure that the swing-bed provider complies with the new swing-bed PA requirement timeframes (i.e., PA required for swing-bed admissions greater than 14 days); to the extent a given dual-eligible member's initial coverage under Medicare would not extend to its full 100-day benefit.

Reminders of key provisions in the two previous Informational Letters addressing swing-beds are:

- While completing review of swing bed prior authorization requests, the IME Medical Services Unit will be available to assist with transition planning and can be reached at 800-383-1173 or locally at (515) 256-4623. Assistance may include a telephonic care conference and reviewing the proposed plan of care for a member with complex medical needs.
- Please remember, swing bed placement is intended to be short term and only utilized in cases where an appropriate, local nursing facility or alternative home-based care is not available. Preadmission Screening and Resident Review (PASRR) rules apply for members being transferred to a nursing facility. Discharge planners should still look for appropriate placements in nursing facilities (NF) within a 30-mile radius of the hospital which can meet the member's care needs or assist the family in pursuing home based care through Medicaid home health services or application for Home and Community Based Services (HCBS) waiver program services.
- As part of the prior authorization process, discharge planners will need to complete Swing Bed Certification, Form [470-5156](#) , and fax the form to the IME Medical Services Unit at (515) 725-0420. The form is available at: www.ime.state.ia.us/Providers/Forms.html. This form requests information regarding the medical need for placement including attempts to transition the member to facilities within a 30 mile radius of the hospital. In addition, any issues or difficulties transitioning a member to home-based services should also be noted. Please refer to [Informational Letter No. 1245](#) for additional information on cases where a prior authorization is still necessary.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or locally at 515-256-4609, or by email at imeproviderservices@dhs.state.ia.us.